

# Consumer Council News

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## Mental Health Training Awareness

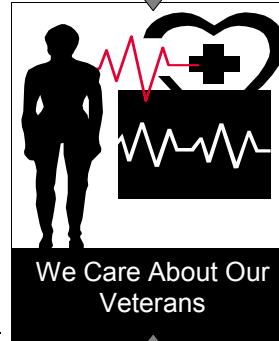
VHA is developing a education Program for staff to better educated them about the recovery process for veterans with mental illness. The program "The Road to Recovery for Veterans with Serious Mental Illness" will be shown by satellite on May 14th at VA Medical facilities who have capability for the telecast. This training will look at ways consumers can be involved in their own care. This is hoped to be the first part of a three series training program in mental health. The two other training programs will be on disability awareness and psycho-social rehabilitation.

Newsletter sponsored by  
VA Mental Health  
Consumer Council  
FAX comments to  
Lucia Freedman at  
703-748-0475 or call  
202-273-8370

## SAMHSA Strategic Plan for Older Adults

The Department of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) has developed a strategic plan for addressing the mental health and substance abuse issues facing older adults, and to improve the availability and quality of services for older adults with or at risk for mental illness and /or substance abuse disorders. There are eight goals with key strategies. These are selected highlights of some of the goals:

1. Goal-A Higher Level of Core Competence in Working with Older Adults-among agencies, caregivers, consumers, provider, and the public. Strategies to achieve this include developing training curricula, increase public awareness and



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work closely with various associations to develop training requirements.

2. Goal-Increased and Improved Access to Appropriate Services. Strategies to accomplish this are to encourage block

grants to increase the level of service, create coalitions to support the increase of access to services and develop out-reach vehicles to provider and consumers.

3. Goal-Broad Dissemination of Evidence-Based Practices. Strategies would be to establish agency definitions and criteria for identifying evidence-based best practices and expand successful models. With One-fifth of the U.S. population reaching 65 years or older in less than twenty years this will be important.

## Independent Budget Recommendations

The Independent Budget is in its 15th year of publication. It is developed by four congressionally chartered veterans service organizations: AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars. It should serve as a guide to the Congress as they develop VA budget and appropriations policy. The recent analysis states that VHA has not maintained its capacity to provide services to veterans with serious mental illness, post-traumatic stress disorder, and substance abuse disorders. It further states that the 19% spending reduction reported in the FY 2000 "Capacity Report for Mental Health" cannot be explained by the efficiencies

gained in the shift from inpatient to outpatient care. It recognizes the large and marked variations across the VISNs in maintaining capacity for the seriously mentally ill and advocates for equitable access to a full continuum of mental health services. Recommendations are:

1. Congress should increase funding by \$100 million between FY 2003 through FY2005.
2. A annual report by VISNs should be required to show capacity for SMI.
3. VHA should partner with mental health advocacy organizations.
4. VHA should reinvest savings to outpatient programs from closing inpatient SMI bed units.

## VA to reevaluate CARES Phases

Senator Jay Rockefeller requested VA in the wake of the September 11th terrorist attack to reevaluate the potential impact of the CARES (Capital Assets Re-alignment for Enhanced Services) process on VA's mission to act as a backup to military healthcare in the event of armed conflict.

The CARES process collects information about the needs of veterans into 2010 and uses it to realign its facilities to better meet those future needs. The pilot phase which began in January and finished this summer, examined service delivery options in VISN 12 in Chicago, Wisconsin and upper Michigan. The concern is that any potential downsizing done during the CARES process could weaken VA's capacity to provide both beds and care if there was a sudden influx of patients.

The CARES national steering committee did meet on October 3rd to evaluate all the stakeholder comments and any alternate proposals submitted during the 60 day comment period. There was concern ex-

pressed by the Committee on Care for Veterans with Serious Mental Illness (SMI) that mental health needs were not being adequately reviewed. Some of this concern is that the model used to determine the need for mental health services was based on a well middle class population. The primary contractor is Booz-Allen & Hamilton and the first phase has cost \$3 million to complete. The projection to complete the project in all VISNs is estimated to cost up to 60 million. The involvement of stakeholders has been an area of concern for several Veteran Service Organizations that stated there was no knowledge of who the consulting group was relying on for information. Since CARES is a technical process, any stakeholders need to be knowledgeable about the data being presented. In mental health there was concern that programs were not well understood such as inpatient rehabilitation programs. There is a need for mental health advocates to evaluate the impact of changes on futures services for veterans with serious mental illness.

## Model Program to Help Incarcerated Persons with Mental Illness

Since 1955 Maryland reduced inpatient psychiatric beds by 86 percent. As in most states there has not been a corresponding drop in the number of mentally ill or increases in community based treatment facilities.

The Maryland Department of Public Safety and Correctional Services has recently implemented a transition program for prisoners with mental illnesses who are nearing their release date. People with mental illnesses are incarcerated often because of limited access to community treatment and the inability of police to differentiate between mental illness and arrestable offenses. Discovering ways to bridge the communication gap between police, consumers and mental health service providers remains a challenge to effective community treatment of individuals with mental illnesses.

The Maryland "Mental Health Transition Unit" begins preparing inmates for community placement six months before mandatory release. Collaborating with prison and community case managers, this program works to develop wrap-around services and supports to facilitate the transition from prison to community life. Transition training for offender-consumers includes: medication information and education; GED programs; life skills education; relapse prevention; and, assertiveness training. The program has helped the community-correction collaboration by:

- ⇒ Regular and open communication between clinicians in each system.
- ⇒ Correctional providers utilize expertise of community providers in developing the plan.
- ⇒ Creation of a multifaceted support system.

## Information and Resources

National Mental Health Association  
2002 Annual Conference  
Washington, DC  
June 5-8, 2002  
703-838-7504 or [www.nmha.org](http://www.nmha.org)

National Alliance for the Mentally Ill  
2002 Convention "Building Communities of Hope"  
Cincinnati, Ohio  
June 26-30, 2002  
[www.nami.org](http://www.nami.org)